UTAH FIRE & RESCUE ACADEMY/FIRE DEPARTMENT ASSISTANCE GRANT APPLICATION

1.   This application must be completed and returned by **5:00 p.m. May 31, 2005** to:

> Utah Forestry, Fire and State Lands
> 1594 W North Temple, Suite 3520
> PO Box 145703
> Salt Lake City, Utah 84114-5703
> 801-533-4111(fax)
> 801-538-5555
>
> OR
>
> tracydunford@utah.gov

Applications received after 5:00 p.m. May 31, 2005 will not be considered!

2.   This grant program distributes three separate sources of funds. Each of these funding sources have unique eligibility requirements. **Carefully** and **completely** fill out this application. Your application will be scored and your eligibility will be categorized according to your answers. If you do not answer a question you receive no points. Applications with a higher score will have a higher priority for receiving funding.

3.   Competition for grant funds is on a state-wide basis. Prioritize your request as funding may be limited.

4.   Please down load and complete this application electronically, with a typewriter, or print **legibly** in dark ink.

5.   A list of grant contacts are available to assist you with this application at www.ffsl.utah.gov/ufragrant.htm . Contact the Utah Forestry, Fire and State Lands State Office or anyone on this list if you have any questions.

UTAH FIRE & RESCUE ACADEMY
FIRE DEPARTMENT ASSISTANCE
GRANT APPLICATION FORM

Town/City _____   Date _____

County _____ or

Multi-Community Group _____ or

Other Group _____

Fire Department _____   FDID Number: _____

Chief (or person who will be responsible for this grant):_____

Address (where you want all correspondence mailed)   Phone Number(s)

_____   Work _____

_____   Home _____

_____   Cell _____

_____   Fax _____

Email _____

Eligibility for this grant requires that your department be actively participating in the Utah Certification Program and using the Utah Fire Incident Reporting System.

1. Are your department's members certified or does your department have a training plan to certify all fire personnel to Structural Fire Fighter I and/or Wildland Fire Fighter I?
    Yes _____ No _____ .

    a.   Total membership of your Fire Department;   _____

    b.   Number currently certified at Structural Fire Fighter I;   _____

    c.   Number currently certified at Wildland Fire Fighter I;   _____

    d.   Number of members to be certified during July 2005-June 2006;

                         Structural   _____

                         Wildland   _____

    e.   How many members will be ready for testing between July 2005-June 2006 for

                         Structural Fire Fighter I;   _____

                         Projected Test Date;   _____

                         Wildland Fire Fighter I;   _____

                         Projected Test Date;   _____

    f.   Would you like a Fire Academy representative to contact you to assist your department
         with training planning?   Yes _____ No _____

2. Does your department use the Utah Fire Incident Reporting system (UFIRS) to send reports to the Fire Marshal's Office?   Yes _____ No _____.

Your answers to questions 1 and 2 will be verified with The Utah Fire Service Certification Council and The Utah Fire Marshals Office.

Questions 3 through 6 will help establish your department's relative need.

3. What is your department's total budget? _____

4. Current Resources - List the suppression/safety equipment your department has available. If you need additional space, attach additional page(s) as needed.

   a. Fire apparatus, i.e. vehicles
      (List size and year manufactured)

      _____
      _____
      _____
      _____
      _____
      _____

      Fire hose in feet
      Greater than 2½ in. _____
      2½ in. _____
      2 in. _____
      1½ in. _____
      1 in. _____
      Other (specify) _____

   b. Personal Protective Safety Equipment used in Suppression Operations

Structural Fire	Total Number	Total number NFPA 1990 compliant
SCBA		
Complete Turnout Gear		
PASS Device		

Wildland Fire	Total Number	Total meeting NWCG Standard
Fire Shelter		
Complete Nomex		
Personal Protective Equipment		

c. Communication Equipment

Device	*Operating Frequency	Total Number	Number needed
Handheld radios			
Mobile radios			
Pagers			

*Operating frequency: - VHF (high band 150 - 170 mhz)
- VHF (low band 36 - 50 mhz)
- UHF 450 Mhz
- 800 mhz

Are your radios compatible with local dispatch and cooperating state and federal agencies?

_____Yes

_____ No

Other communications needs: _____

_____

_____

_____

Explain: _____

_____

_____

_____

_____

5.   Rank your top three priorities for this grant.

a. Initial organization and equipping   _____
b. Training   _____
c. Fire Prevention   _____
d   Safety and protective equipment   _____
e. Obtain basic equipment (hose, nozzle, etc.)   _____
c. Special needs, communications, siren, pagers _____
d. Other (specify)   _____

3

Questions 6 through 14 will determine the source of funding you are eligible to receive.

6.   Population: Which statement best describes your department?   Check <u>only</u> one category

_____ A single fire department serving a rural area or a rural community with a population of 10,000 or less (latest Census). Name the rural area or rural community served. _____

_____ An area fire department (fire districts, townships, etc.) serving an aggregate population of greater than 10,000 which includes a rural area or rural community having a population of 10,000 or less. The grant funding requested will be used to directly benefit the rural population only. Name the rural area or rural community served. _____

_____ A single county or town with a population over 10,000 which is served by two or more fire districts operating entirely within the bounds of the county or town which includes a rural area or a rural community or the population of the requesting fire department's jurisdiction is 10,000 or less. The grant funding requested will be used for the rural area only. Name the rural area or rural community served. _____

_____ A single community with a population greater than 10,000 having a single fire department with one or more fire stations that has a service area that includes a rural area or community that does not exceed 10,000 population or a single community with a population greater than 10,000 which also provides fire protection to an adjoining rural community of 10,000 or less population by contract. The grant funding requested will be used entirely to support the rural community. Name the rural area or rural community served. _____

_____ A single community fire department serving a population greater then 10,000 and <u>not</u> providing protection to a rural area or rural community. If you checked this description your department is eligible for a 50 % matching grant. Proceed to question 11.

7.   Do you regularly assist the Bureau of Land Management (BLM) or the U.S. Fish and Wildlife Service with fire suppression? Yes _____ No _____
If yes, explain (list actual fires or areas of responsibility) _____

_____

_____

8.   Explain how your request/proposal will benefit the BLM or U.S. Fish and Wildlife Service. _____

_____

_____

_____

_____

_____

9.   Is this project for an Indian Tribal community, including those located on State or Federal Reservations?   Yes _____ No _____

10. If your department is not selected to receive the 10 % matching grant, do you want to be considered for the 50 % matching grant?   Yes _____ No _____

11. The grant program encourages effective use of resources. Cooperative efforts between fire organizations and/or communities generally improve cost effectiveness in providing fire protection.   Excluding mutual aid, will your request develop resources which will be shared by more than one fire department or community?
    Yes _____ No _____

    If yes, explain how your request will be shared by multiple departments or communities: _____
    _____
    _____
    _____
    _____

12. Will your proposal extend fire protection to additional people or acreage?
    Yes _____ No _____

    If so, how many?   People _____   Acres _____
    Explain how this will be accomplished: _____
    _____
    _____
    _____

13. Does your group have an Essential Community Facility Loan from Farmer Home Loan Administration to improve fire protection?   Yes _____ No _____

Questions 14 through 17 are an opportunity to clarify your request. Use this space to provide details and/or circumstances not covered in the previous questions.

14. Briefly explain your departments needs. _____

_____

_____

_____

_____

_____

_____

15. When will your proposed actions be completed? _____

_____

_____

_____

_____

16. State how fire protection will be improved. _____

_____

_____

_____

_____

_____

_____

17. State your proposed actions based on priority (most important to least important).

_____

_____

_____

_____

_____

_____

_____

The Fire Department Assistance Grant allows you to meet your obligation for matching funds through a variety of methods including in-kind services. Provided that you outline your intentions in this application and are able to provide proper documentation, matching can be across categories. For example: time spent doing fire prevention could be the in-kind match for a grant to purchase PPE.

18.   How do you plan to provide your matching portion of this grant?

Department Budget   _____   County Budget _____

Donated Money   _____   Donated Service _____

Donated Labor   _____

If donated services/labor, explain type and amount :_____

_____

_____

_____

_____

_____

_____

Itemized Grant Request

Funds are available for the following categories: fire prevention and education, fire training and suppression equipment.   A separate worksheet is provided to you for each category.   You may apply for funds in more than one category.

If approved, your proposal becomes a contract. Any changes made in your proposed matching portion must be approved by the grant administrator.

Fire Prevention and Education

Outline the proposed fire prevention/education program you plan to implement. Indicate the number and type of people, i.e. school children, home owners, etc., that will be affected by your proposed prevention/education program. Explain how will you measure the success of your program.

Materials	Cost	Quantity	Total
Equipment			

Fire Training

Course	Item	Cost	Number of Trainees	Total
	Tuition			
	Books/Materials			
	Per Diem			
	Lodging			
	Mileage			
	Certification			
	Other			
			Total	

Course	Item	Cost	Number of Trainees	Total
	Tuition			
	Books/Materials			
	Per Diem			
	Lodging			
	Mileage			
	Certification			
	Other			
			Total	

Course	Item	Cost	Number of Trainees	Total
	Tuition			
	Books/Materials			
	Per Diem			
	Lodging			
	Mileage			
	Certification			
	Other			
			Total	

Time spent in class is considered to be your matching portion of training grants.

Fire Equipment

Priority	Item		Cost	Quantity	Total Cost	
	Structural	**Wildland**			**Structural**	**Wildland**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
				Total(s)		

Prepared by (Please Print) _____ Title _____

Signature _____ Date _____

Technology Initiative

Funding is available to provide a **one-time**, non-matching grant for the purchase of a computer or the upgrade of existing computers for fire departments. These computers will enable your department to use Utah Fire Incident Reporting Software(UFIRS). This software is designed to meet many of the needs of the fire service, including incident reporting, training, record management, equipment inventory and maintenance scheduling.

To receive a computer grant your department must commit to providing UFIRS reports to the Fire Marshal's Office electronically and maintain Internet service year-round at your department office.

Do you want your Fire Department to be considered for a computer grant ?
Yes _____   **No** _____   **If no**, do not complete this page.

Have you previously been awarded funds by this grant for a computer? Yes _____   No _____

Does your department have a computer? Yes _____   No _____   If yes, what type of computer do you have?

_____

What is the processor speed? _____

What is the working memory (RAM)?_____

What is the storage memory (ROM)?_____

What is the modem speed? _____

Does your department presently have Internet service? Yes _____   No _____

Prepared by _____

Title _____

Signature _____